

APPENDIX 13
WMAF NONCOVERED DRUGS

A. NONCOVERED DRUGS - NO MANUFACTURER REBATE AGREEMENT

Manufacturers of the following drugs have chosen not to participate in the Medicaid program. This is not a complete list of noncovered drugs. This list may change if manufacturers sign rebate agreements. Prior Authorization will NOT be granted for these drugs. Generic alternatives for these drugs are covered if the manufacturer signed a rebate agreement.

AEROLATE	DUOLUBE	KARIDIUM	NAFRINSE	XERAC AC
ASTHMANEPHRINE	EPHY N OPTH SOLN	KARIGEL	NEO-TEARS	YODOXIN
BICHLORACETIC ACID	EPHY SOL OPH	LYTEERS	PIMA	
CLEAR TEARS	EXTENDRYL	MOISTURE DROPS	RUM-K	
DRYSOL	FLUORITAB	MONOJECT INSULIN JEL	TINVER LOTION	

B. WMAF NONCOVERED DRUGS - FDA LESS-THAN-EFFECTIVE DRUGS.

Prior Authorization will not be granted for these drugs nor for any generic alternatives identified by the Food and Drug Administration (FDA) as identical, related or similar to these drugs. This list represents only the most commonly prescribed LTE drugs.

AMESEC	DEPROL	KINESED	MUDRANE	QUIBRON PLUS
ARLIDIN	DONNATAL	LEVSIN W PHENOBARB	NALDECON	RAUTRAX
BELLABARB	DONNATAL EXTENTABS	LIBRAX	NYLIDRIN	THEOFED
BELLADENAL	ENTEX	LUFYLLIN EPG	PENTAERYTHRITOLTN	TIGAN ORAL/RECTAL
BELLADENAL S	ENTEX LIQ	MARAX	PERITRATE	TUSS ORNADE
BELLERGAL S	FEDRINAL	MEPERGAN FORTIS	PHENOBARB &	VASODILAN
BUTIBEL	ISOLATE COMP	MIDRIN	BELLADONNA	VIOFORM W HC
CYCLANDELATE	ISOXUPRINE	P.V. TUSSIN	PRISCOLINE	VYTONE
			QUADRINAL	

C. WMAF NONCOVERED DRUGS - WISCONSIN NEGATIVE FORMULARY

Prior Authorization will not be granted for these drugs.

ALGINATE	MINOXIDIL TOPICAL	PROGESTERONE FOR PMS
GAVISCON	NON REBATED DRUGS INELIGIBLE FOR PA	LEGEND MULTI-VITAMINS (NON PRENATAL)